

DREF operation n° MDRGH007 GLIDE n° [EP-2012-000069-GHA](#) 4 January 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 122,571 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 7 May 2012 to support the national society in delivering assistance to some 300,000 beneficiaries in the Greater Accra and the Eastern Regions of the country.

In April 2012, the Ministry of Health declared a cholera outbreak in the Greater Accra Region. According to the Ghana health service, in the second week of April 2012 there were 684 reported cases of cholera with 17 deaths. This figure doubled after only one week with the cause of the outbreak associated with poor sanitary conditions in the affected communities. In Eastern region, the situation was further exacerbated by irregular piped water supply that made the residents depend on stream water for their daily use. The cholera cases and deaths increased steadily with nationwide figures from Ghana Health Service (GHS) of about 6,000 cholera cases with 69 deaths reported at the end of August 2012.

The operation lasted for three months, during which time community assessments were carried out, volunteers were trained, health education and cholera awareness and prevention activities were carried out, water and sanitation activities performed, and cholera prevention items distributed to vulnerable households, by the Ghana Red Cross Society (GRCS).

The community assessments done determined risk factors and gaps in cholera control in the selected communities and also revealed that the main reason for the spread of cholera cases was poor sanitation.

GRCS trained 200 locally recruited volunteers who carried out activities on health preventive measures on cholera and diarrhea in their communities. These trained volunteers reached over 50,000 households with health messages on cholera and its prevention. House to house visits were performed, and community gatherings, focus group discussions, role plays and community sessions were organized in markets, schools, religious places, etc. Radio jingles were broadcasted and posters put up in the community on cholera prevention and personal hygiene.



GRCS Volunteers promoting hand washing during funeral of a cholera victim.

As part of the cholera prevention activities, the GRCS volunteers also met with traditional and religious leaders as well as with headmasters of schools, to advocate for communal activities promoting community clean-up exercises and personal hygiene messages. The GRCS volunteers engaged the schools in awareness raising campaigns through their teachers, and with support from traditional, community and religious leaders, the GRCS volunteers mobilized communities for mass clean-up exercises. Advocacy efforts towards the government on the importance of addressing sanitary problems, rendered positive results through agreement on joint community mobilization and clean up campaigns.

The DREF operation proved to be very timely for social mobilization for cholera vaccination performed by the government, as well as for the introduction of two new vaccines (Pneumococcal and Rotavirus). While the Ministry of Health (MoH) rolled out the vaccination campaigns, GRCS volunteers were trained to include these messages in the cholera preventive messages, community sensitization and house to house education.

To improve the quality of the water for households, cholera related non-food items (NFIs) were distributed to 12,000 most vulnerable households (that took their drinking water from wells and river sources). The NFIs provided by the DREF was insufficient to cover the increasing number of vulnerable households therefore the NS backed it up with extra NFIs reserve from the DM stock. These items were donated to the families in the most affected communities, to contribute to safer water and improved sanitation for households. Additionally, household water treatment demonstrations were provided by community volunteers.

Although, there were still cases being reported at the end of the intervention, it is believed that the cholera response and prevention activities performed by the GRCS contributed positively to behavioral change and decreased sanitary risks among the targeted population. This in turn decreased cholera cases transmissions in the targeted communities. The fact that GRCS could extend the scope of the operation to also include newly affected regions with information, education and communication (IEC) material on cholera prevention reflect their ability for rapid response towards these kinds of epidemics, and also contributed to reduce the community's risky behavior.

The spread of the cholera epidemic to new regions during the course of the DREF operation, posed a challenge for the actors involved. Other challenges involved the attitudes among some of the community members that preferred self-medication at the early signs of diarrhea, which mostly did not prove effective against the cholera.

A total of CHF 785 that was unspent at the close of the operation has been returned to DREF.

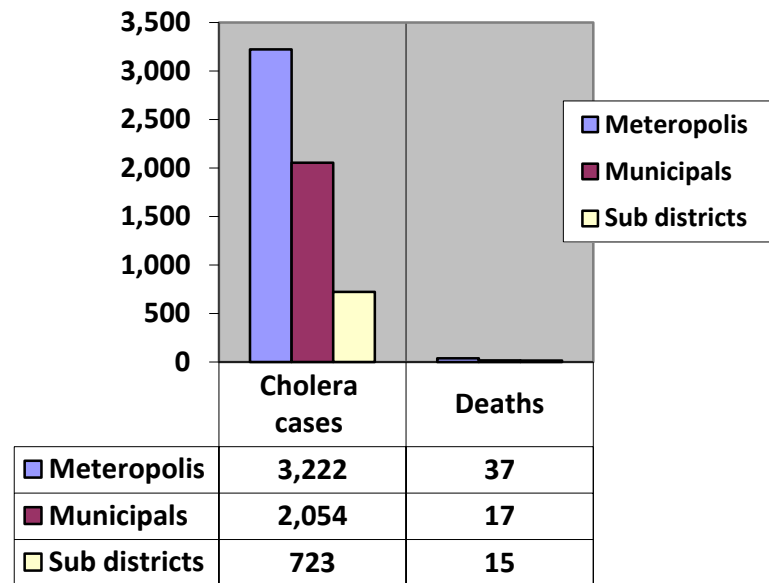
Contributions from ECHO replenished 80% of the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions. Details of DREF contributions can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

[<click here for the final financial report, or here to view contact details>](#)

The situation

In April 2012, the Ministry of Health declared a cholera outbreak in the Greater Accra Region. According to the Ghana health service, in the second week of April 2012 there were 684 reported cases of cholera with 17 deaths. This figure doubled after only one week with over 1,570 cases and 21 deaths recorded in Greater Accra region (1,270 cases with 20 deaths), and Eastern region (300 confirmed cases and one death.)

The cause of the outbreak was mainly related to poor sanitary conditions in the affected communities. In Eastern region, the situation was further exacerbated by irregular pipe-borne water supply, which made the inhabitants depend on stream water for their daily use.

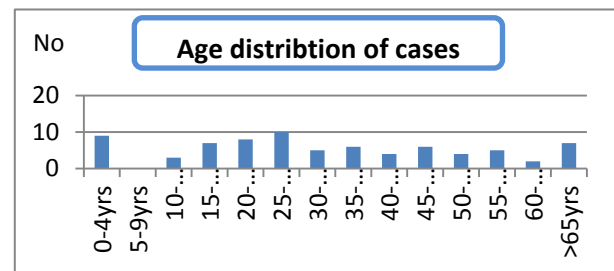


The cholera cases and deaths increased steadily with nationwide figures from Ghana Health Service (GHS) of about 6,000 cholera cases with 60 deaths in the end of August 2012. There were higher cholera incidents in this DREF covered especially in the Metropolitan than in Municipals and sub districts. Source: Ghana Health Service

The most vulnerable persons at risk during the cholera epidemic included persons with cholera infection, persons that suffered from vomiting and diarrhea, persons that lacked access to safe water and sanitation facilities, children less than 5 years, and pregnant women.

About 60% of cases recorded came from the age groups of 0-4, 25-29 and over 65 years, as indicated in the Age Distribution graph.

To mitigate the spread of the infection, especially among children, the Ghana Government introduced the pneumococcal and rotavirus vaccines to reduce infant diarrhoea. This intervention contributed significantly to the reduction of diarrhoea cases among infants.



Source: Ghana Health Service

During the course of the DREF operation, the cholera epidemic spread to the Western and Upper East regions. GRCS responded with extending their information, education, and communication exercises on cholera prevention to these regions, through distribution of IEC materials to the newly affected regions.

Coordination and partnerships

For this operation, GRCS worked in close partnership with the national health authorities at national, district and local levels in case referrals and health promotion activities. Furthermore, the GRCS revised the awareness raising and sensitization messages in the communities to include the government vaccination campaigns.

GRCS remained an active participant in various health sector coordination mechanisms, including the health coordination platform, where institutions and organizations such as the Ministry of Health (MoH), World Health Organization (WHO), UNICEF, GRCS etc, coordinated the response to this cholera outbreak. GRCS continued to be part of the National Task Force on Cholera at national and regional levels.

In the communities, important partners for the intervention have been the schools and the teachers, religious institutions and leaders, traditional leaders, and the communities themselves.

IFRC provided financial and technical support to GRCS to carry out this operation. Additionally, GRCS were in contact with the Swiss Red Cross country office in order to coordinate efforts and resources.

Red Cross and Red Crescent action

As auxiliary to the government, GRCS supported the efforts of the government to respond to the cholera outbreak and limit its effects.

GRCS mobilized and trained volunteers from the local Red Cross branches to assist the most vulnerable among the affected persons in Greater Accra and Eastern region. The volunteers were also trained in awareness raising in relation to the vaccination campaigns (pneumococcal and rotavirus vaccines) the government carried out to reduce infant diarrhea.

In the start-up phase of the DREF operation, the GRCS volunteers carried out community assessments to inform on appropriate actions to be taken during the DREF intervention. Following the assessments and subsequent fine tuning of the plan of action, the GRCS volunteers performed health education and cholera awareness and prevention activities in the communities. Furthermore, water and sanitation activities were carried out to provide safe water and decrease sanitary problems in the communities as well as improve personal hygiene practices in the households. GRCS also distributed cholera prevention items to vulnerable households.

The GRCS met with the Major of Accra city as part of an advocacy effort to improve the response towards addressing sanitary problems in the communities. The positive outcome of this meeting included an agreement that the Metropolitan Assembly jointly with GRCS would organize monthly clean-up campaigns. The Metropolitan would provide City Guards to support the coordination and supervision of the exercise, and buses for transporting the persons participating in the exercises to the various clean up points in the city.

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The GRCS implemented the DREF operation with financial and technical support from IFRC.

Achievements against outcomes

As the major cause of the cholera outbreak included lack of safe drinking water, poor sanitation and hygiene, the emergency health plan of action drawn up by the national society for this DREF operation included a strong focus on health education and awareness raising on personal as well as community hygiene. Furthermore, the national society carried out interventions to provide safe water and increase sanitary conditions. Furthermore, immediate referrals of cholera patients to the health centers were part of the activities carried out by the GRCS volunteers.

As a way of appropriately preparing its volunteers for the DREF operation, the GRCS trained 200 volunteers about cholera and how to perform awareness raising and health education in the communities on prevention. Furthermore, volunteers were trained in how to mobilize the communities for a vaccination campaign (pneumococcal and rota-virus vaccines) to reduced infant diarrhoea, prior to a government vaccination drive.

The main part of the planned activities was carried out in accordance with set objectives, with the health education and awareness raising reaching a large part of the affected population. However, fewer beneficiaries than planned for received cholera related NFIs due to an insufficient amount of items, despite the fact that the national society added from its own disaster preparedness /disaster management stock. (It should however be noted that the emphasis in the intervention lay on the health education and cholera awareness raising)

It is important to note that the national society extended its operation when the cholera epidemic spread into two new regions, thus covering a larger area than expected, proving its capabilities for adjusting its operational scope towards the needs, in these kinds of emergencies. Although the resources for a wider response (NFIs etc) towards the new group of beneficiaries were limited, at least preventative information could reach at-risk population in the two newly affected regions.

Emergency health
Outcome: Improved hygiene behavior and cholera awareness amongst 50,000 households (300,000 beneficiaries) in the affected areas.

Outputs	Activities planned:
<p>The affected population is effectively and efficiently sensitized on cholera prevention.</p> <p>Improved early detection and referrals</p> <p>Improved awareness on Oral Rehydration Solution (ORS) preparation and use among households</p>	<ul style="list-style-type: none"> • Orientated 200 volunteers on health preventive measures on cholera and diarrhea using cholera kit module. • Promoted hand washing with soap at critical times in public gatherings and to 50,000 households in the affected regions;
	<ul style="list-style-type: none"> • Promoted hygienic food handling in targeted 50,000 households and market places. • Organize 40 sensitization and demonstration sessions on ORS preparation (1 in each community) during community gatherings.
	<ul style="list-style-type: none"> • Organized sensitization and demonstration sessions on Household water treatment methods
	<ul style="list-style-type: none"> • Sourced and printed over 10,000 assorted copies of available information, education and communication materials (posters, flyers, etc) on outbreak risk reduction sensitization activities
	<ul style="list-style-type: none"> • Prompt referral of detected cases to health centers within the affected regions; • Production of visibility tools (procurement of 250 t-shirts and 2 banners)
	<ul style="list-style-type: none"> • Conducted health sensitization activities to the most affected communities in the 2 regions with dissemination of messages for ten days • Disseminate messages through sessions of the media discussions for the promotion of Health messages

Progress

In order to identify risk factors and gaps in cholera control in the selected communities, trained GRCS volunteers performed community assessments, which confirmed that the main reason for the spread of cholera cases was due to poor sanitation.

As a way of appropriately preparing its locally mobilized volunteers for the intervention, GRCS organized a one-day training on Water, Sanitation and Hygiene (WASH) for 200 volunteers in the Greater Accra and Eastern regions. The training, that was participatory and practical in nature (Hand washing, preparing ORS during an outbreak, water purification, and communicating with the community), used different adult learning techniques during the training (power point presentations, group discussions, brainstorming, group work, practical sessions, questions and answers.).

The objective of the training was to equip GRCS volunteers in the affected communities with knowledge and skills to contribute to the prevention and control of cholera among the most vulnerable of the targeted communities. Some of the topics covered were:

- Basic facts about cholera
- Diarrhea and dehydration
- Safe water
- Personal/family and community hygiene
- Environmental sanitation; communicating with the community

- Case surveillance and referral

GRCS volunteers collaborated with the Community Health Programme Service (CHPS), locally based health facilities sited in the village with at least 500 inhabitants within a limited catchment area. The volunteers served as link between the facilities by referring the infected persons to the facilities. A total of 2,327 cholera patients (1,062 males and 1,265 females) were referred to the health facilities. Through the partnership with the CHPS, the volunteers had easy access to the community members for awareness raising and health education on how to prevent the spread of cholera and diarrhea.

An important part of the interventions encompassed psychosocial support from the GRCS volunteers to those infected and affected by cholera especially those persons who lost their relatives from cholera infections. Nine (9) patients died out of the 2,327 patients referred by the volunteers.

The DREF operation proved to be very timely for the social mobilization for cholera vaccination performed by the government as well as for the introduction of two new vaccines (Pneumococcal and Rotavirus vaccines). The GRCS volunteers were given a one day orientation training to acquire the skills needed to mobilize the communities for the vaccination (pneumococcal and rotavirus vaccines) to reduce infant diarrhoea. While the Ministry of Health (MoH) rolled out the vaccination campaigns (Pneumococcal and Rotavirus drugs including Zinc with ORS to prevent cholera for children under 3 years), volunteers were trained to include these messages in the cholera preventive messages, community sensitization, and house to house education.

Other crucially important cholera response activities in the affected communities carried out by the GRCS volunteers involved chlorinating 61 wells and disinfecting 273 most affected households, thereby enabling safe water for the communities and decrease risk for spread of the infection.

Two thousand (2,000) aquatab water purification tablets and 4,000 hand soap were also donated to the families in the most affected communities, to contribute to safer water and improved sanitation for households. With additional cholera related NFIs from GRCS stock, 12,000 households were reached.

Information, Education and Communication (IEC) materials on cholera, treatment and how to prevent cholera were produced and used for awareness raising and social mobilization of affected and at-risk communities. This information proved useful when the cholera outbreak spread from the affected communities into additional regions (Western and Upper East region), and a fast intervention was needed. GRCS quickly distributed IEC material as a way of decreasing risks and prevent infections in Elubo community, which share border with Cote de Voire and the Ampein refugee camp which host Ivorian refugees, and communities in Upper East region. Local Red Cross volunteers mobilized in the communities performed health education and awareness raising activities.

Awareness raising campaigns

The GRCS volunteers performed several important interventions in the communities to reduce the effects of the cholera outbreak and to minimize its spread. Awareness raising and health education formed an important part of the intervention on cholera and its prevention. The trained GRCS volunteers identified and selected the worst affected communities in the two regions and performed awareness raising and health education on cholera, personal hygiene, environmental sanitation, safe water, and home based care for persons suffering of diarrhea and vomiting.

The volunteers adopted the following methods in reaching 50,000 households (around 300,000 beneficiaries) the target population with the health education and awareness raising:

- Formed partnership with the health workers in various health centers to educate patients and their relatives on safe water, sanitation and hygiene;
- 4,800 house to house visits were made for health education, using IEC materials and applying the community based health first aid (CBHFA) tools. Each volunteer made a visit two times per week;



A teacher and volunteer leading school links to raise awareness on cholera prevention in Accra city, Photo GRCS

- 30 health education and advocacy sessions were carried out in 115 schools, using the teachers as a way of reaching the communities. 5,175 students were reached during these sessions.
- 32 focus group sessions were carried out with women and men in meeting places such as, markets, compounds, religious places etc.
- Advocacy visits were carried out to religious and traditional leaders, Majors, Metropolitan Assemblies and teachers to include messages on good hygiene in their sermons and classes;
- Volunteers were promoting hand washing at funerals of cholera victims, to ensure hygienic practices that would reduce risks.
- Role play, demonstration and information in the communities, including using megaphones to attract the interest of the communities and conveying health information messages;
- Strategic placement of posters on hand washing and use of latrine in 40 targeted communities;
- Six (6) radio jingles were developed and transmitted in the local dialect, and one (1) article was published in media.

Over 50,000 households were reached through house to house visits, community gatherings, focus group discussions, role plays and community sessions in markets, schools, religious places, etc. Radio jingles and songs in local dialect on the importance of safe water, hygiene and sanitation developed by the GRCS volunteers were broadcasted during the implementation period, and posters put up in the community on cholera prevention and personal hygiene.

As part of the cholera prevention activities, the GRCS volunteers met with traditional and religious leaders as well as with headmasters of schools, to advocate for communal activities promoting community clean up exercises and personal hygiene messages. The GRCS volunteers engaged the schools in awareness raising campaigns through their teachers, including hand washing demonstrations, and, with support from traditional, community and religious leaders, the GRCS volunteers mobilized communities for mass clean-up exercises.

As part of an advocacy effort on the importance of addressing sanitary problems in the city, GRCS also met with the Major of Accra and the Assembly (political heads in the communities) in the affected regions.

The schools also engaged in campaigning and advocating towards the Assembly to improve waste management in the cities. Overflowed waste containers in the cities contribute to unsanitary conditions and contaminate the environment, ultimately promoting cholera outbreaks.

Community Clean-up exercises

During the cholera intervention, the trained GRC volunteers made advocacy visit to traditional leaders in the communities, and Metropolitan and Municipal Assemblies, in order to engage them in mobilizing community members into forming teams for mass community clean up exercises. The GRCS, jointly with the mobilized communities, performed several of these exercises and cleaned up drainages, slaughterhouses (abattoirs), markets and public toilets, contributing to improved sanitary conditions and reduced risks for cholera infections. Four communities in the Accra Metropolis were reached by these interventions.

The GRCS met with the Major of the Accra city as part of an advocacy effort for improved response towards addressing sanitary problems in the communities. GRCS proposed an idea called “My environment My health” as a way of raising the issue of the importance of caring for our environment as a way to also care for our health. The positive outcome of this meeting included an agreement that the Metropolitan Assembly would organize monthly clean-up campaigns, carried out in cooperation with GRCS and the City Guards. The Metropolitan would provide buses for transporting the persons participating in the exercises to the various clean up points in the city.

Distribution of ORS, Aquatab and Soap

To improve the quality of the water for households, cholera related non-food items (NFIs) such as aqua tabs, soaps, and ORS were distributed to 12,000 vulnerable households, with special attention to elderly women with orphans. Additionally, household water treatment demonstrations were provided to women by community volunteers. The DREF operation contributed items including 4,000 cakes of soap, 2,000 packs of aqua tabs, 250 pairs of gloves and 1,000 sachets of ORS, and the rest of the items were provided by the GRCS own disaster preparedness / disaster management stock.

During the awareness raising campaign and house-to-house visits, 786 women groups in the slums in Agbogbloshie (Greater Accra) and Koridua (Eastern region) were identified as being vulnerable and at high

risk for cholera infection. 12,000 women were registered for assistance and benefited from soaps, aqua tabs and ORS.

Challenges

The spread of the cholera epidemic to new regions during the course of the DREF operation, posed a challenge for the actors involved. GRCS responded with IEC cholera preventative messages to the at-risk population.

Other challenges included the attitudes among some of the community members that preferred self-medication at the early signs of diarrhea, which mostly did not prove effective against the cholera. Here, the GRCS used various methods for sensitisation and awareness raising, to encourage use of appropriate cholera treatment and prevention.

GRCS also experienced a lack of political will to improve sanitary conditions in the cities, such as emptying the garbage containers in a regular manner. Much effort was put into advocating towards the government, including engaging schools to convey the messages to the Assembly. In the end, an agreement was reached to initiate an interesting cooperation called "My Environment My Health".

Lessons learned/ Recommendations for future action

GRCS provided the following recommendations after the DREF operations:

- Volunteers to continue with the health education and follow up with the targeted affected households especially on personal hygiene and contact tracing.
- District Assemblies of the affected districts to assume their leadership role and ensure that waste containers are discharged regularly and on time to prevent waste overflowing that increase health risks.
- GRCS volunteers to intensify contact tracing, in particular during epidemics.
- National GRCS office to continue close monitoring of the situation in the two affected regions and continue preventive efforts in both affected and non-affected districts.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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MDRGH007 - Ghana - Cholera

Appeal Launch Date: 07 may 12

Appeal Timeframe: 07 may 12 to 07 aug 12

Final Report

Selected Parameters	
Reporting Timeframe	2012/1-11
Budget Timeframe	2012/5-2012/8
Appeal	MDRGH007
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	122,571					122,571	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	122,571					122,571	
C4. Other Income	122,571					122,571	
C. Total Income = SUM(C1..C4)	122,571					122,571	
D. Total Funding = B +C	122,571					122,571	
Coverage = D/A	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	122,571					122,571	
E. Expenditure	-121,786					-121,786	
F. Closing Balance = (B + C + E)	785					785	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		122,571					122,571	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	14,000	21,345				21,345	-7,345	
Medical & First Aid	13,427	12,791				12,791	636	
Total Relief items, Construction, Supplies	27,427	34,137				34,137	-6,710	
Logistics, Transport & Storage								
Transport & Vehicles Costs	3,000	2,014				2,014	986	
Total Logistics, Transport & Storage	3,000	2,014				2,014	986	
Personnel								
National Society Staff	4,360	5,335				5,335	-975	
Volunteers	40,200	35,681				35,681	4,519	
Total Personnel	44,560	41,016				41,016	3,544	
Workshops & Training								
Workshops & Training	15,100	10,539				10,539	4,561	
Total Workshops & Training	15,100	10,539				10,539	4,561	
General Expenditure								
Information & Public Relations	20,279	21,158				21,158	-879	
Communications	294						294	
Financial Charges	1,000	2,773				2,773	-1,773	
Other General Expenses	3,430	2,716				2,716	714	
Total General Expenditure	25,003	26,647				26,647	-1,644	
Indirect Costs								
Programme & Services Support Recov	7,481	7,433				7,433	48	
Total Indirect Costs	7,481	7,433				7,433	48	
TOTAL EXPENDITURE (D)	122,571	121,786				121,786	785	
VARIANCE (C - D)		785				785		